



REQUEST FOR ADMINISTRATIVE HEARING

State Form 47845 (R3 / 6-06) / OGC 0026

****IS THIS AN APPEAL OR A REQUEST FOR AGENCY REVIEW?****

****IF THIS IS AN AGENCY REVIEW PLEASE CHECK APPROPRIATE BOX BELOW****

Name of case	Name of county	
Address (<i>number and street, city, state, and ZIP code</i>)	ICES number	RID number
	Date entered into HERQ system (<i>month, day, year</i>)	
Telephone number ()	Prior authorization appeal (<i>PA number, Social Security number, RID number</i>)	

Program <input type="checkbox"/> TANF <input type="checkbox"/> MEDICAID <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> CHILD CARE <input type="checkbox"/> OTHER: (<i>specify</i>)	
Action <input type="checkbox"/> DENIAL <input type="checkbox"/> DISCONTINUANCE <input type="checkbox"/> REDUCTION <input type="checkbox"/> OTHER:	
Issue <input type="checkbox"/> ASSISTANCE AMOUNT <input type="checkbox"/> INCOME <input type="checkbox"/> RESOURCES <input type="checkbox"/> MEDICAL ELIGIBILITY <input type="checkbox"/> MEDICAL <input type="checkbox"/> AGENCY REVIEW	
<input type="checkbox"/> PRIOR AUTHORIZATION FOR MEDICAL SERVICES	
Effective date of action (<i>month, day, year</i>) OTHER:	Mailing date of notice (<i>month, day, year</i>)
Reason for appeal	
Signature of applicant / recipient; guardian; or authorized representative	Date received by local office (<i>month, day, year - mandatory</i>)

INSTRUCTIONS:

- ATTACH A COPY OF THE "IMPORTANT NOTICE ABOUT YOUR BENEFITS", OR ANY OTHER NOTICE THAT SHOWS THE ACTION UNDER APPEAL.**
- All requests **MUST** be submitted on a 8 1/2" x 11" piece of paper.
- Forward to: **MS 04
Hearings and Appeals Section
402 W. Washington St., E-034
Indianapolis, IN 46204**

Food Stamp appeals may be entered into HERQ without a signed appeal request for Food Stamps appeals only. However, the information does need to be provided at the hearing. All other request must be in writing over the appellant's signature.

**** APPEALS MUST BE FAXED DAILY TO HEARINGS AND APPEALS AT (317) 232-4412 ****
KEEP COPY FOR YOUR RECORDS